

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/524411**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
14		1		/		
15		1		/		
16		1		/		
17		1		/		
18		1		/		
19		1		/		
20		1		/		
21		1		/		
22		1		/		
23		1		/		
24		1		/		
25	/		/			
26	/		/			
27	/		/			
28		3		/		
29		3		/		
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49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	36	←	23	←		←
TOTAL CLAIMS	40		29			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						